U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

					1/1/	2004 Through	: 12 / 31	2004	
3. Name and address of person filing.				4. Name, file number, and address of labor organization.					
Name	Howard	LF	088	Name	I.U.E.C. Loc	al 132			
				Labor	Organization File Nu	mber D9	2308		
P.O. Box, Bldg., Room No., if any				P.O. Box, Building and Room Number, if any PO Box 243					
				1.3. Box, Building and Room Number, if any PO Box 243					
Street	2317 Hoard St.			Street					
City	Madison			City Cottage Grove					
State	Wisconsin		ZIP Code + 4 53704	State					
5. Positio	on in labor organization.		Contractive and a superior and a sup		WID COID III		Zir Gode + 4	53527-0243	
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5 4-									
Ente	r appropriate data below it	, during 1	the past fiscal year, you or your spo (except as specified in the exclu	use or min usions set f	or child directly or in orth in the instructior	directly had any o is):	f the following in	terests	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.									
Name and address of Employer (including trade name, if any).				7.a. Nature of Interest, Transaction, or Income.					
Name		phone was project of the control of the total	1997 ж. потого пред удежения подобительного почение на почение почение почение почение почение почение на поч			anne ann ann an Arain Immeriol (agus mar Afric Sauth Aid Sauth Air an Ar Ann Air Ann Air An An Air An An An Ai	merkmik ment occumentationen projekt git juhoritus kiloni sheka kumente		
Trade Name, if any:									
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P.O. Box, Bldg., Room No., if any									
O		to the time to the second contract to the second contract to the second contract to the second contract to the	Paladeri VI d. 18 No. 7-18 II debe li labora de la labora de	7.b. Amo	ount.				
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State			ZIP Code + 4		Antonomia	and the second	Marie James II (Montinishan kamusaaan na asaa sa sa asaa)		
Signature									
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)									
Signe	d <u>Illanna</u>	10	Hos	On	July 27195	808-	244-0	367	
					Date	Te	elephone Numbe	r	
Form I M.S	0 (0000)								

Name of Person Filing Howard Foss	File Number U-	Markette mil - a marketin security and a marketin security and a security security security security security							
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.									
8. Name and address of Business (including trade name, if any). Name Ted Shank- Area Coordinator Trade Name, if any: Natl. Elevator Education Program P.O. Box, Bldg., Room No., if any Street Eleven Larson Way City Attleboro Falls State Maryland ZIP Code + 4 02763-1068	9. Business deals with: a. Labor Organization b. Trust c. Employer	·							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	in many ang manana mang ing pang kana kanana dang manya ang manya ang mang mang mang mang mang mang mang							
Name Natl. Elevator Industry Education Program Trade Name, if any: N.E.I.E.P. P.O. Box, Bldg., Room No., if any									
Street Eleven Larson Way	11.b. Approximate dollar value of such dealing.								
City Attleboro Falls	12.a. Nature of interest held or income received.								
State Maryland ZIP Code + 4 02763-106	Dinner following a meeting Nov.	3, 2004 \$27.00							
	12.b. Amount.	\$27							
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.									
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.								
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	grant Process Moderated College of Management of Management and Management and American State of Management and American State of Management and American State of Management and Manageme							